



Application Information Form

Company: _____

Contact Info

Name: _____

Phone: _____ E-Mail: _____

Industry

Electronics - Automotive - Medical - Consumer Goods - Other _____

Application Type

Bead Placement - Dot - Potting - Encapsulation - Other _____

Material Info

Manufacturer: _____

Part Number: _____

Packaging / Container Size: _____

Cure Method: _____

Production Info

Cycle time per part: _____

Parts per shift: _____

Shifts per day: _____

Dispense volume per part: _____

Dispense tolerance: _____

Number of different parts: _____

Number of different part fixtures: _____

Single piece flow or pallets: _____

Number of parts per pallet: _____

Part Info

Length X Width: _____

Height of tallest component: _____

Part or pallet weight: _____

- Include sample parts with & without material on part.
- Include technical drawing which show location and volume of material.

Summary of Application

Details: